

# HOUSE RESEARCH

## Bill Summary

**FILE NUMBER:** H.F. 911

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**Version:** Second engrossment

**Authors:** Thissen and others

**Subject:** Establishes a self-directed personal supports option, modifies the MSA standard, and modifies licensure of certain nonresidential programs

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### Overview

This bill establishes a self-directed supports option, modifies the Minnesota Supplemental Aid (MSA) standard, and modifies licensure of nonresidential programs for youth with disabilities.

MSA is a state program that provides supplemental cash assistance to aged, blind, and disabled persons who are SSI recipients, or who would qualify for SSI except for excess income.

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- 1 Self-directed supports option.** Amends § 256B.0625, by adding subd. 49. Specifies that MA covers the self-directed supports option upon federal approval. Makes this section effective upon federal approval of the state Medicaid plan amendment. Requires the commissioner to inform the Revisor's Office when approval is obtained.
- 2 Self-directed supports option.** Adds § 256B.0657.

**Subd. 1. Definition.** Defines "self-directed supports option."

**Subd. 2. Assessment and plan requirements.** Specifies the requirements the assessment and plan must meet, including:

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- the assessment and plan must be completed using a person-centered process;
- the assessment and annual reassessments must be completed with the assistance of a county public health nurse considering the participant's needs, strengths, and preferences using the process for a MA home care assessment; and
- the plan for the self-directed supports option for the participant shall be developed annually by the participant, guardian or parent of a minor child, and, if the participant chooses, with the assistance of an enrolled MA provider who meets the requirements established for using a person-centered planning process.

**Subd. 3. Self-directed budget requirements.** Specifies the requirements the budget for the provision of the self-directed supports option must meet, including:

- the budget available must be equal to either the annual amount of PCA services for which the participant has used in the most recent 12-month period, or the amount determined using the CSG methodology;
- the participant has the responsibility to hire, fire, supervise, establish staff compensation, and manage the individuals providing services, and to choose and obtain items, related services, and supports described in their plan;
- the budget may not restrict access to other medically necessary care and services furnished under the plan and approved by the state but not included in the budget, except that persons receiving home and community-based waiver services are not eligible for funding under the self-directed supports option; and
- the plan for self-directed supports must include the total budget amount available divided into monthly amounts.

**Subd. 4. Quality assurance and risk management.** Requires the commissioner to establish quality assurance and risk management techniques for use in developing and implementing self-directed plans and budgets and to assure the appropriateness of such plans and budgets based upon a participant's resources and capabilities.

**Subd. 5. Financial management services.** Requires each participant to choose a financial management services provider certified by the commissioner to make payments for services, items, supports, and costs related to managing a self-directed service plan.

**Subd. 6. Advisory task force.** Requires the commissioner to establish a statewide consumer-directed advisory task force, including specified members. Requires the task force to meet at least three times per year and provide advice on certain aspects of consumer and self-directed services. Requires the commissioner to seek specified

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recommendations from the task force.

Makes subdivisions 1 to 5 effective upon federal approval of the state Medicaid plan amendment. Requires the commissioner to inform the Revisor's Office when federal approval is obtained. Makes subdivision 6 effective July 1, 2007.

**3 Standard of assistance for persons eligible for medical assistance waivers or at risk of placement in a group residential housing facility.** Amends § 256D.44, subd. 2. Adds a reference to persons eligible for a shelter needy payment.

**4 Special needs.** Amends § 256D.44, subd. 5. Modifies MSA special needs provisions by changing the date, from January of the previous year to July of each year, by which an allotment equal to the maximum authorized by the federal Food Stamp program for a single individual is added to the standard of assistance. Modifies the list of people who may receive this allotment to include adults under the age of 65 who qualify as shelter needy and are (1) relocating from an institution or an adult mental health residential treatment program, (2) self-directed personal services participants, or (3) home and community-based waiver recipients living in their own rented, leased, or owned apartment or home.

Adds paragraph (g), which specifies that persons eligible for shelter needy funding who are not receiving MA home and community-based waiver services are eligible for a state funded transitional supports allowance to establish their own residence.

**5 Licensure; services for youth with disabilities.** Paragraph (a) requires the commissioner of human services, upon recommendation of a county agency, to grant a license with any necessary variances to a nonresidential program for youth that provides services to youth under age 21 during non-school hours. Specifies that the nonresidential youth program is subject to the conditions of any variances granted and with certain other statutory protections.

Paragraph (b) requires the commissioner, by February 1, 2008, to recommend amendments to licensure requirements to allow for licensure of appropriate services for school-age youth with disabilities under age 21. Specifies certain duties of the commissioner as part of developing the recommendations. Requires the recommendations to be provided to the legislature.

**6 Appropriations.** Appropriates an unspecified amount from the general fund to the commissioner of human services to provide the nonfederal Medicaid match for the assessment, self-directed supports option plan development, and other administrative costs related to the self-directed supports option. Specifies that federal Medicaid match obtained for administrative activities for this option must be dedicated to the commissioner for this purpose.